

<i>SERFF Tracking Number:</i>	<i>CCGH-127800515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50222</i>
<i>Company Tracking Number:</i>	<i>20978177</i>		
<i>TOI:</i>	<i>H01 Health - Assumption Agreement</i>	<i>Sub-TOI:</i>	<i>H01.000 Health - Assumption Agreement</i>
<i>Product Name:</i>	<i>2011 Assumption Agreement</i>		
<i>Project Name/Number:</i>	<i>Notice of Assumption of Insurance Policy/</i>		

Filing at a Glance

Company: CIGNA Health and Life Insurance Company

Product Name: 2011 Assumption Agreement SERFF Tr Num: CCGH-127800515 State: Arkansas

TOI: H01 Health - Assumption Agreement SERFF Status: Closed-Approved- Closed State Tr Num: 50222

Sub-TOI: H01.000 Health - Assumption Agreement Co Tr Num: 20978177 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor
Disposition Date: 11/28/2011

Authors: Edmund Skowronek,
Dewey Post, Danielle Thalheimer
Date Submitted: 11/09/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Notice of Assumption of Insurance Policy

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Trust

Filing Status Changed: 11/28/2011

State Status Changed: 11/28/2011

Created By: Dewey Post

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Connecticut General Life Insurance Company ("CGLIC") and CIGNA Health and Life Insurance Company ("CHLIC"), I have enclosed for your review and approval, a Notice of Assumption ("Notice") and Certificate of Assumption ("Certificate") which are being submitted in connection with the Master Agreement for the Transfer and Assumption of Insurance Policies, dated September 1, 2011 ("Master Agreement"), by and between CGLIC, the ceding insurer, and CHLIC, the assuming insurer. The Master Agreement, Notice, and Certificate were filed and approved by the Department of Insurance in the State of Connecticut, which is the state of domicile for both CGLIC and CHLIC. Attached is a copy of the CT approval for your records.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/31/2011

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Dewey Post

<i>SERFF Tracking Number:</i>	<i>CCGH-127800515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50222</i>
<i>Company Tracking Number:</i>	<i>20978177</i>		
<i>TOI:</i>	<i>H01 Health - Assumption Agreement</i>	<i>Sub-TOI:</i>	<i>H01.000 Health - Assumption Agreement</i>
<i>Product Name:</i>	<i>2011 Assumption Agreement</i>		
<i>Project Name/Number:</i>	<i>Notice of Assumption of Insurance Policy/</i>		

CIGNA is in the process of moving all health-related CGLIC client agreements to CHLIC. CHLIC is a direct wholly owned subsidiary of CGLIC and will be CIGNA's flagship domestic healthcare company providing insurance benefits and plan related services. CIGNA is consolidating its domestic U.S. business in CHLIC in order to, among other things, align our business with a company bearing the CIGNA brand and more clearly identifying our health and life insurance businesses.

Pursuant to the Master Agreement, CGLIC intends to transfer certain Group Medical Contracts to CHLIC, and CHLIC intends to replace CGLIC under such Group Medical Contracts and to novate and assume as its direct obligation performance under such Group Medical Contracts, subject to the client's consent.

The Group Medical Contracts which the parties desire to novate pursuant to the Master Agreement are the health and excess loss insurance policies of CGLIC experience rated group medical policyholders, and are those with respect to which continuity of the policy is required in order to ensure a seamless change of insurers without financially advantaging nor disadvantaging either the policyholder or insurer. There is (approximately) 3 CGLIC group contract holders (clients) situated in the State of Arkansas to be impacted by the assumption.

CGLIC and CHLIC respectfully request the Department's approval of the enclosed Notice of Assumption and Certificate of Assumption forms.

Company and Contact

Filing Contact Information

Dewey Post,	dewey.post@cigna.com
900 Cottage Grove Road	860-226-6258 [Phone]
B6LPA	860-226-5400 [FAX]
Hartford, CT 06152	

Filing Company Information

CIGNA Health and Life Insurance Company	CoCode: 67369	State of Domicile: Connecticut
900 Cottage Grove Road	Group Code: 901	Company Type: LAH
Bloomfield, CT 06002	Group Name:	State ID Number:
(860) 226-6000 ext. [Phone]	FEIN Number: 59-1031071	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00

SERFF Tracking Number: CCGH-127800515 *State:* Arkansas
Filing Company: CIGNA Health and Life Insurance Company *State Tracking Number:* 50222
Company Tracking Number: 20978177
TOI: H01 Health - Assumption Agreement *Sub-TOI:* H01.000 Health - Assumption Agreement
Product Name: 2011 Assumption Agreement
Project Name/Number: Notice of Assumption of Insurance Policy/
Retaliatory? Yes
Fee Explanation: 50 per form, 2 forms
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CIGNA Health and Life Insurance Company	\$100.00	11/09/2011	53604416

SERFF Tracking Number:	CCGH-127800515	State:	Arkansas
Filing Company:	CIGNA Health and Life Insurance Company	State Tracking Number:	50222
Company Tracking Number:	20978177		
TOI:	H01 Health - Assumption Agreement	Sub-TOI:	H01.000 Health - Assumption Agreement
Product Name:	2011 Assumption Agreement		
Project Name/Number:	Notice of Assumption of Insurance Policy/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/28/2011	11/28/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/10/2011	11/10/2011	Dewey Post	11/18/2011	11/18/2011

<i>SERFF Tracking Number:</i>	<i>CCGH-127800515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50222</i>
<i>Company Tracking Number:</i>	<i>20978177</i>		
<i>TOI:</i>	<i>H01 Health - Assumption Agreement</i>	<i>Sub-TOI:</i>	<i>H01.000 Health - Assumption Agreement</i>
<i>Product Name:</i>	<i>2011 Assumption Agreement</i>		
<i>Project Name/Number:</i>	<i>Notice of Assumption of Insurance Policy/</i>		

Disposition

Disposition Date: 11/28/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CCGH-127800515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50222</i>
<i>Company Tracking Number:</i>	<i>20978177</i>		
<i>TOI:</i>	<i>H01 Health - Assumption Agreement</i>	<i>Sub-TOI:</i>	<i>H01.000 Health - Assumption Agreement</i>
<i>Product Name:</i>	<i>2011 Assumption Agreement</i>		
<i>Project Name/Number:</i>	<i>Notice of Assumption of Insurance Policy/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Approval of Notice and Certificate by CT	Approved-Closed	Yes
Form (revised)	Notice of Assumption of Insurance Policy	Approved-Closed	Yes
Form	Notice of Assumption of Insurance Policy	Replaced	Yes
Form (revised)	Certificate of Assumption	Approved-Closed	Yes
Form	Certificate of Assumption	Replaced	Yes

SERFF Tracking Number: CCGH-127800515 State: Arkansas
Filing Company: CIGNA Health and Life Insurance Company State Tracking Number: 50222
Company Tracking Number: 20978177
TOI: H01 Health - Assumption Agreement Sub-TOI: H01.000 Health - Assumption Agreement
Product Name: 2011 Assumption Agreement
Project Name/Number: Notice of Assumption of Insurance Policy/

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 11/10/2011

Submitted Date 11/10/2011

Respond By Date

Dear Dewey Post,

This will acknowledge receipt of the captioned filing.

Objection 1

- Notice of Assumption of Insurance Policy, HP-NONOV1 AR (Form)
- Certificate of Assumption, HC-CONOV1 AR (Form)

Comment:

A outlined under Rule and Regulation 55, Section 6 (E)...All assumption certificates or notice to policyholders shall contain the address and general phone number of the Arkansas Insurance Department where the policyholder may call for furth informatioin regarding the financial condition of the assuming insurer....".

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: CCGH-127800515 State: Arkansas
 Filing Company: CIGNA Health and Life Insurance Company State Tracking Number: 50222
 Company Tracking Number: 20978177
 TOI: H01 Health - Assumption Agreement Sub-TOI: H01.000 Health - Assumption Agreement
 Product Name: 2011 Assumption Agreement
 Project Name/Number: Notice of Assumption of Insurance Policy/

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 11/18/2011
 Submitted Date 11/18/2011

Dear Rosalind Minor,

Comments:

Thank you for your comment dated 11-10-2011. We have addressed it below.

Response 1

Comments: Please see the attached documents with your request included.

Related Objection 1

Applies To:

- Notice of Assumption of Insurance Policy, HP-NONOV1 AR (Form)
- Certificate of Assumption, HC-CONOV1 AR (Form)

Comment:

A outlined under Rule and Regulation 55, Section 6 (E)...All assumption certificates or notice to policyholders shall contain the address and general phone number of the Arkansas Insurance Department where the policyholder may call for furth informatioin regarding the financial condition of the assuming insurer....".

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Notice of Assumption of Insurance Policy	HP-NONOV1 AR		Other	Initial		40.000	HP-NONOV1 AR - Revised Notice of

SERFF Tracking Number:	CCGH-127800515	State:	Arkansas
Filing Company:	CIGNA Health and Life Insurance Company	State Tracking Number:	50222
Company Tracking Number:	20978177		
TOI:	H01 Health - Assumption Agreement	Sub-TOI:	H01.000 Health - Assumption Agreement
Product Name:	2011 Assumption Agreement		
Project Name/Number:	Notice of Assumption of Insurance Policy/		

Assump.p
df

Previous Version

Notice of Assumption of HP- Insurance Policy	NONOV1 AR	Other	Initial	40.000	HP- NONOV1 AR - Notice of Assump.p df
Certificate of Assumption	HC- CONOV1 AR	Other	Initial	40.000	HP- CONOV1 AR Revised Cert of Assump.p df

Previous Version

Certificate of Assumption	HC- CONOV1 AR	Other	Initial	40.000	HP- CONOV1 AR Cert of Assump.p df
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No Rate/Rule Schedule items changed.

Thank you for your time with this submission.

Sincerely,
Danielle Thalheimer, Dewey Post, Edmund Skowronek

SERFF Tracking Number: CCGH-127800515 State: Arkansas

Filing Company: CIGNA Health and Life Insurance Company State Tracking Number: 50222

Company Tracking Number: 20978177

TOI: H01 Health - Assumption Agreement Sub-TOI: H01.000 Health - Assumption Agreement

Product Name: 2011 Assumption Agreement

Project Name/Number: Notice of Assumption of Insurance Policy/

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/28/2011 AR	HP-NONOV1	Other	Notice of Assumption of Insurance Policy	Initial		40.000	HP-NONOV1 AR - Revised Notice of Assump.pdf
Approved-Closed 11/28/2011 AR	HC-CONOV1	Other	Certificate of Assumption	Initial		40.000	HP-CONOV1 AR Revised Cert of Assump.pdf

NOTICE OF ASSUMPTION OF INSURANCE POLICY

IMPORTANT: THIS NOTICE AFFECTS YOUR RIGHTS UNDER YOUR INSURANCE POLICY

PLEASE READ IT CAREFULLY

NOTICE OF ASSUMPTION

Connecticut General Life Insurance Company (or "us") has entered into a Master Agreement for the Transfer and Assumption of Insurance Policies to facilitate the assumption of certain insurance policies by CIGNA Health and Life Insurance Company ("CHLIC"). Pursuant to that agreement, CHLIC has agreed to replace us as your insurer under policy number/s: [1234567] (the "Policy"), subject to your consent.

In addition, all ancillary agreements you may have with us or one of our affiliates, including any administrative or record keeping services agreement(s) and the other ancillary agreements listed on Appendix A (the "Ancillary Agreements"), will be transferred to and assumed by CHLIC unless you separately notify us that you wish to terminate the Ancillary Agreements. Certain financial information concerning both companies is attached, including: (1) financial strength ratings for the last five years; (2) balance sheets for the previous three years; and (3) an explanation of the reason for the transfer. You may obtain additional information concerning CHLIC by contacting the Connecticut Insurance Department at [XXX-XXX-XXXX] or the Arkansas Insurance Department at 1200 West Third St., Little Rock, AR 72201-1904, or phone 501-371-2600 or 1-800-282-9134. CHLIC is licensed to issue contracts in all states, the District of Columbia, and the U.S. Virgin Islands.

YOUR RIGHTS CONCERNING THE ASSUMPTION BY CIGNA HEALTH AND LIFE INSURANCE COMPANY

Subject to your consent, CHLIC has agreed to assume all of our obligations under the Policy. You may choose to accept or reject CHLIC's assumption of the Policy. If you consent to the assumption of the Policy by CHLIC, you must notify us in writing by signing and returning the Response Card in the enclosed pre-addressed, postage paid envelope or by writing to us at:

Connecticut General Life Insurance Company
900 Cottage Grove Road, [Routing 1234]
Bloomfield, CT 06152[-XXXX]

If you reject the assumption, you may keep the policy with us. If we do not receive a written rejection from you within 30 days from the date of receipt of this Notice of Assumption, you will, as a matter of law, have consented to the assumption.

BENEFITS OF CONSENTING TO ASSUMPTION BY CIGNA HEALTH AND LIFE INSURANCE COMPANY

If you consent to the assumption by CHLIC, CHLIC will be your insurer and will be contractually obligated to you under the Policy. CHLIC's assumption of the Policy will be effective as of the first renewal date of the Policy following our receipt of your consent (the "Assumption Effective Date"). After the Assumption Effective Date, CHLIC will have direct responsibility to you for the payment of all benefits and other obligations under the Policy. We will no longer have any obligations under the Policy.

If you consent to the assumption of the Policy by CHLIC, you should make all payments and submissions to CHLIC at [address] and direct all questions to CHLIC at [address] or telephone number indicated below.

EFFECT OF REJECTING ASSUMPTION OF THE POLICY

If you choose to reject the assumption by CHLIC of our obligations under the Policy, we will continue to be your insurer. You will have no right or claim against CHLIC. We will remain the responsible party to the Policy and be solely responsible for the obligations under the Policy.

MORE INFORMATION

If you have any further questions about this Notice of Assumption, you may contact Connecticut General Life Insurance Company or CHLIC at the telephone numbers indicated below.

Sincerely,

Connecticut General Life Insurance Company
900 Cottage Grove Road
Bloomfield, CT 06152
Phone: [xxx-xxx-xxxx]

New Contact Information:

CIGNA Health and Life Insurance Company
900 Cottage Grove Road
Bloomfield, CT 06152

Phone: [xxx-xxx-xxxx]

Please take time now to read this Notice of Assumption and complete and return the Response Card to us no later than 30 days from the date of receipt. For your convenience, we have enclosed a pre-addressed, postage-paid envelope.

[Notice Date]

RESPONSE CARD

Re: Insurance Policy Number(s): [123456]

____ **Yes,** _____ ("Policyholder") hereby accepts the assumption by CIGNA Health and Life Insurance Company of the Policy (as referenced above), originally issued by Connecticut General Life Insurance Company ("CGLIC"), as of [date] ("the Assumption Effective Date"). By accepting the assumption of CIGNA Health and Life Insurance Company, Policyholder hereby irrevocably and unconditionally releases and forever discharges CGLIC, including any predecessor or any affiliated insurance company, its parent, subsidiaries and affiliates, and their respective predecessors, successors, assigns, officers, directors, agents, employees, shareholders, representatives and attorneys from any and all present and future actions, causes of action, suits, debts, liens, contracts, rights, agreements, obligations, promises, liabilities, claims, demands, setoffs, damages, controversies, losses, costs and expenses (including attorneys' fees and costs actually incurred) of any nature whatsoever, known or unknown, suspected or unsuspected, fixed or contingent, which the Policyholder now has, owns or holds or claims to have, own, or hold, or at any time heretofore had, owned, or held or claimed to have had, owned, or held, or may hereafter have, own, or hold or claim to have, own, or hold, arising out of conduct or matters occurring subsequent to the ASSUMPTION EFFECTIVE DATE, against CGLIC, arising from, based upon, or in any way related to the Policy, arising out of or relating to tort or contract or otherwise, including without limitation claims for indemnification and contribution.

____ **No,** _____ rejects the proposed assumption by CIGNA Health and Life Insurance Company of the Policy (as referenced above).

Date: _____ Signature: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Appendix A to Notice, Consent and Release

Ancillary Documents

Attachments to Notice, Consent and Release

1. Financial Strength Ratings for CGLIC
2. Balance Sheets for CGLIC
3. Financial Strength Ratings for CHLIC
4. Balance Sheets for CHLIC

**CIGNA HEALTH AND LIFE INSURANCE COMPANY
900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06152**

CERTIFICATE OF ASSUMPTION

**RE YOUR CONTRACT NO.: CONNECTICUT GENERAL LIFE INSURANCE
COMPANY CONTRACT NO. : All health insurance
policies, including any stop loss policies, associated with
account number [1234567] ("Contract")**

ATTACH THIS CERTIFICATE OF ASSUMPTION TO YOUR CONTRACT.

Dear Policyholder:

Having received your consent, your Contract has been novated from Connecticut General Life Insurance Company ("CGLIC") to CIGNA Health and Life Insurance Company ("CHLIC").

Effective as of [month day, 20xx], the obligations and liabilities under certain contracts of CGLIC (including your Contract noted above) have been novated by CHLIC. All of the terms, conditions and benefits of your Contract remain the same except that CHLIC has assumed all obligations and liabilities of CGLIC under your Contract as of [month day, 20xx]. CGLIC will no longer have any obligations to you under your Contract. Please direct all premium payments, notices, claims and inquiries concerning your Contract to CHLIC at [address] or telephone [xxx-xxx-xxxx].

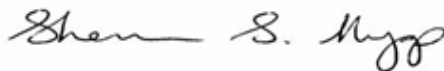
You may obtain additional information concerning CHLIC by contacting the Connecticut Insurance Department at [XXX-XXX-XXXX] or the Arkansas Insurance Department at 1200 West Third St., Little Rock, AR 72201-1904, or phone 501-371-2600 or 1-800-282-9134. This Certificate of Assumption issued by CHLIC is effective as of [month day, 20xx] and is to be attached to and forms part of your Contract. The name "Connecticut General Life Insurance Company" in your Contract is changed to read "CIGNA Health and Life Insurance Company" as of the same date. We look forward to serving you.

**IN WITNESS WHEREOF, CIGNA HEALTH AND LIFE INSURANCE COMPANY has
caused this Certificate of Assumption to be executed this [xxth] day of [Month], 20[xx].**

CIGNA HEALTH AND LIFE INSURANCE COMPANY



Matthew G. Manders, Senior Vice-
President



Shermona Mapp, Corporate Secretary

SERFF Tracking Number:	CCGH-127800515	State:	Arkansas
Filing Company:	CIGNA Health and Life Insurance Company	State Tracking Number:	50222
Company Tracking Number:	20978177		
TOI:	H01 Health - Assumption Agreement	Sub-TOI:	H01.000 Health - Assumption Agreement
Product Name:	2011 Assumption Agreement		
Project Name/Number:	Notice of Assumption of Insurance Policy/		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/28/2011
Comments:			
Attachment:			
AR Flesch.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Approval of Notice and Certificate by CT	Approved-Closed	11/28/2011
Comments:			
Attachment:			
Approval of Notice and Certificate (SERFF) by CT.pdf			

CIGNA HEALTH AND LIFE INSURANCE COMPANY
Group Forms

This is to certify that the forms listed below are in compliance with state readability laws and regulations and the NAIC Life and Health Insurance Policy Language Simplification Model Act.

A. Option Selected

Insert pages are scored as a group for the Flesch reading ease test.

Form and Form Numbers to Which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Policy form	HC-CONOV1AR	40
Policy form	HP-NONOV1AR	40

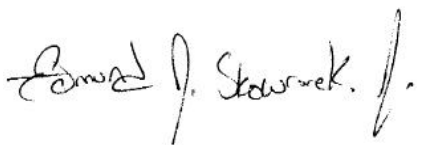
B. Test Option Selected

Test was applied to insert pages as a group.

C. Standards for Certification

The following standards have been achieved:

1. The text achieved the minimum score of 40 on the Flesch reading ease test in accordance with section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs, or constructions are not used.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy.
8. Any words which are defined in the policy(ies) and any medical terminology have been excluded from the Flesch test score.



Edmund J. Skowronek, Jr.

Assistant Director
Officer's Title

November 7, 2011
Date

<i>SERFF Tracking Number:</i>	<i>CCGH-127388857</i>	<i>State:</i>	<i>Connecticut</i>
<i>Filing Company:</i>	<i>Connecticut General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>201183796</i>
<i>Company Tracking Number:</i>	<i>HP-NONOV1</i>		
<i>TOI:</i>	<i>H01 Health - Assumption Agreement</i>	<i>Sub-TOI:</i>	<i>H01.000 Health - Assumption Agreement</i>
<i>Product Name:</i>	<i>CHLIC Transfer and Assumption</i>		
<i>Project Name/Number:</i>	<i>CGLIC-CHLIC Transfer and Assumption/HP-NONOV1</i>		

Filing at a Glance

Company: Connecticut General Life Insurance Company

Product Name: CHLIC Transfer and

SERFF Tr Num: CCGH-127388857 State: Connecticut

Assumption

TOI: H01 Health - Assumption Agreement

SERFF Status: Closed-Approved

State Tr Num: 201183796

Sub-TOI: H01.000 Health - Assumption

Co Tr Num: HP-NONOV1

State Status:

Agreement

Filing Type: Form

Co Status:

Reviewer(s): Danny Albert

Author: Susan Capot

Disposition Date: 08/31/2011

Date Submitted: 08/26/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

General Information

Project Name: CGLIC-CHLIC Transfer and Assumption

Project Number: HP-NONOV1

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Connecticut is Connecticut General Life Insurance Company's state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer, Association, Trust

Overall Rate Impact:

Filing Status Changed: 08/31/2011

Company Status Changed:

State Status Changed:

Deemer Date:

Created By: Susan Capot

Submitted By: Susan Capot

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval please find Exhibits A and B to the "Master Agreement for the Transfer and Assumption of Insurance Policies (the "Agreement") between Connecticut General Life Insurance Company (CGLIC) and CIGNA Health and Life Insurance Company (CHLIC)." CGLIC was requested to make this submission, via SERFF, by Ms. Liz Baranauckus of your Division to Ms. Sharayu Shirali of our Company on August 25, 2011.

Company and Contact

Filing Contact Information

SERFF Tracking Number: CCGH-127388857 State: Connecticut
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 201183796
Company Tracking Number: HP-NONOV1
TOI: H01 Health - Assumption Agreement Sub-TOI: H01.000 Health - Assumption Agreement
Product Name: CHLIC Transfer and Assumption
Project Name/Number: CGLIC-CHLIC Transfer and Assumption/HP-NONOV1

Susan Capot, Compliance Specialist susan.capot@cigna.com
900 Cottage Grove Road 860-226-6507 [Phone]
B6LPA 860-226-5400 [FAX]
Hartford, CT 06152

Filing Company Information

Connecticut General Life Insurance Company	CoCode: 62308	State of Domicile: Connecticut
900 Cottage Grove Road	Group Code: 901	Company Type:
Hartford, CT 06152	Group Name:	State ID Number:
(860) 226-5209 ext. [Phone]	FEIN Number: 06-0303370	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: Yes

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Connecticut General Life Insurance Company	\$0.00	08/26/2011	

SERFF Tracking Number: *CCGH-127388857* *State:* *Connecticut*
Filing Company: *Connecticut General Life Insurance Company* *State Tracking Number:* *201183796*
Company Tracking Number: *HP-NONOV1*
TOI: *H01 Health - Assumption Agreement* *Sub-TOI:* *H01.000 Health - Assumption Agreement*
Product Name: *CHLIC Transfer and Assumption*
Project Name/Number: *CGLIC-CHLIC Transfer and Assumption/HP-NONOV1*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Danny Albert	08/31/2011	08/31/2011

<i>SERFF Tracking Number:</i>	<i>CCGH-127388857</i>	<i>State:</i>	<i>Connecticut</i>
<i>Filing Company:</i>	<i>Connecticut General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>201183796</i>
<i>Company Tracking Number:</i>	<i>HP-NONOV1</i>		
<i>TOI:</i>	<i>H01 Health - Assumption Agreement</i>	<i>Sub-TOI:</i>	<i>H01.000 Health - Assumption Agreement</i>
<i>Product Name:</i>	<i>CHLIC Transfer and Assumption</i>		
<i>Project Name/Number:</i>	<i>CGLIC-CHLIC Transfer and Assumption/HP-NONOV1</i>		

Disposition

Disposition Date: 08/31/2011

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGH-127388857 State: Connecticut
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 201183796
Company Tracking Number: HP-NONOV1
TOI: H01 Health - Assumption Agreement Sub-TOI: H01.000 Health - Assumption Agreement
Product Name: CHLIC Transfer and Assumption
Project Name/Number: CGLIC-CHLIC Transfer and Assumption/HP-NONOV1

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Disclosure of Marketing Intent and Information - Life & Health Filings	Approved	Yes
Supporting Document	Free Look Provisions - Life & Health Filings	Approved	Yes
Supporting Document	Readability Certification - Life & Health Filings	Approved	Yes
Supporting Document	Requirements for all Life & Health Policy Forms, Applications, Riders, Amendments and Endorsements	Approved	Yes
Form	Exhibit A - FORM OF NOTICE, CONSENT AND RELEASE	Approved	Yes
Form	Exhibit B - CERTIFICATE OF ASSUMPTION	Approved	Yes

SERFF Tracking Number: CCGH-127388857 State: Connecticut

Filing Company: Connecticut General Life Insurance Company State Tracking Number: 201183796

Company Tracking Number: HP-NONOV1

TOI: H01 Health - Assumption Agreement Sub-TOI: H01.000 Health - Assumption Agreement

Product Name: CHLIC Transfer and Assumption

Project Name/Number: CGLIC-CHLIC Transfer and Assumption/HP-NONOV1

Form Schedule

Lead Form Number: HP-NONOV1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 08/31/2011	HP- NONOV1	Other	Exhibit A - FORM OF Initial NOTICE, CONSENT AND RELEASE				HP-NONOV1 - 08-25-11.pdf
Approved 08/31/2011	HP- CONOV1	Other	Exhibit B - CERTIFICATE OF ASSUMPTION	Initial			HP-CONOV1 - 08-25-11.pdf

EXHIBIT A

FORM OF NOTICE, CONSENT AND RELEASE

NOTICE OF ASSUMPTION OF INSURANCE POLICY

**IMPORTANT: THIS NOTICE AFFECTS YOUR RIGHTS UNDER YOUR
INSURANCE POLICY**

PLEASE READ IT CAREFULLY

NOTICE OF ASSUMPTION

Connecticut General Life Insurance Company (or "us") has entered into a Master Agreement for the Transfer and Assumption of Insurance Policies to facilitate the assumption of certain insurance policies by CIGNA Health And Life Insurance Company ("CHLIC"). Pursuant to that agreement, CHLIC has agreed to replace us as your insurer under policy number: [1234567] (the "Policy"), subject to your consent.

In addition, all ancillary agreements you may have with us or one of our affiliates, including any administrative or record keeping services agreement(s) and the other ancillary agreements listed on Appendix A (the "Ancillary Agreements"), will be transferred to and assumed by CHLIC unless you separately notify us that you wish to terminate the Ancillary Agreements. Certain financial information concerning both companies is attached, including: (1) financial strength ratings for the last five years; (2) balance sheets for the previous three years; and (3) an explanation of the reason for the transfer. You may obtain additional information concerning CHLIC by contacting the Connecticut Insurance Department at [800-203-3447]. CHLIC is licensed to issue contracts in all states, the District of Columbia, and the US Virgin Islands.

YOUR RIGHTS CONCERNING THE ASSUMPTION BY CIGNA HEALTH AND LIFE INSURANCE COMPANY

Subject to your consent, CHLIC has agreed to assume all of our obligations under the Policy. You may choose to accept or reject CHLIC's assumption of the Policy. If you consent to the assumption of the Policy by CHLIC, you may notify us in writing by signing and returning the Response Card in the enclosed pre-addressed, postage paid envelope or by writing to us at:

Connecticut General Life Insurance Company
900 Cottage Grove Road [Routing 1234]
Bloomfield, CT 06152[-XXXX]

If you reject the assumption, you may keep the policy with us. If we do not receive a written rejection from you within 30 days from the date of receipt of this Notice of Assumption, you will, as a matter of law, have consented to the assumption.

BENEFITS OF CONSENTING TO ASSUMPTION BY CIGNA HEALTH AND LIFE INSURANCE COMPANY

If you consent to the assumption by CHLIC, CHLIC will be your insurer and will be contractually obligated to you under the Policy. CHLIC's assumption of the Policy will be effective as of the first renewal date of the Policy following our receipt of your consent (the "Assumption Effective Date"). After the Assumption Effective Date, CHLIC will have direct responsibility to you for the payment of all benefits and other obligations under the Policy. We will no longer have any obligations under the Policy.

If you consent to the assumption of the Policy by CHLIC, you should make all payments and submissions to CHLIC at the address indicated below and direct all questions to CHLIC at the address or telephone number indicated below.

EFFECT OF REJECTING ASSUMPTION OF THE POLICY

If you choose to reject the assumption by CHLIC of our obligations under the Policy, we will continue to be your insurer. You will have no right or claim against CHLIC. We will remain the responsible party to the Policy and be solely responsible for the obligations under the Policy.

MORE INFORMATION

If you have any further questions about this Notice of Assumption, you may contact Connecticut General Life Insurance Company or CHLIC at the telephone numbers indicated below.

Sincerely,

Connecticut General Life Insurance Company
[address]
Phone: [xxx-xxx-xxxx]

New Contact Information:

CIGNA Health And Life Insurance Company
[address]

Phone: [xxx-xxx-xxxx]

Please take time now to read this Notice of Assumption and complete and return the Response Card to us no later than 30 days from the date of receipt. For your convenience, we have enclosed a pre-addressed, postage-paid envelope.

[Notice Date]

RESPONSE CARD

Re: Insurance Policy Number(s): [_____]

____ **Yes,** _____ ("Policyholder") hereby accepts the assumption by CIGNA Health And Life Insurance Company of the Policy (as referenced above), originally issued by Connecticut General Life Insurance Company ("CGLIC"), as of [date] ("the Assumption Effective Date"). By accepting the assumption of CIGNA Health And Life Insurance Company, Policyholder hereby irrevocably and unconditionally releases and forever discharges CGLIC, including any predecessor or any affiliated insurance company, its parent, subsidiaries and affiliates, and their respective predecessors, successors, assigns, officers, directors, agents, employees, shareholders, representatives and attorneys from any and all present and future actions, causes of action, suits, debts, liens, contracts, rights, agreements, obligations, promises, liabilities, claims, demands, setoffs, damages, controversies, losses, costs and expenses (including attorneys' fees and costs actually incurred) of any nature whatsoever, known or unknown, suspected or unsuspected, fixed or contingent, which the Policyholder now has, owns or holds or claims to have, own, or hold, or at any time heretofore had, owned, or held or claimed to have had, owned, or held, or may hereafter have, own, or hold or claim to have, own, or hold, arising out of conduct or matters occurring subsequent to the ASSUMPTION EFFECTIVE DATE, against CGLIC, arising from, based upon, or in any way related to the Policy, arising out of or relating to tort or contract or otherwise, including without limitation claims for indemnification and contribution.

____ **No,** _____ rejects the proposed assumption by CIGNA Health And Life Insurance Company of the Policy (as referenced above).

Date: _____ Signature: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Appendix A to Notice, Consent and Release

Ancillary Documents

Attachments to Notice, Consent and Release

1. Financial Strength Ratings for CGLIC
2. Balance Sheets for CGLIC
3. Financial Strength Ratings for CHLIC
4. Balance Sheets for CHLIC

EXHIBIT B
CIGNA HEALTH AND LIFE INSURANCE COMPANY
900 COTTAGE GROVE ROAD
BLOOMFIELD, CT

CERTIFICATE OF ASSUMPTION

RE YOUR CONTRACT NO.: **CONNECTICUT GENERAL LIFE INSURANCE**
 COMPANY CONTRACT NO. [1234567] ("Contract")

ATTACH THIS CERTIFICATE OF ASSUMPTION TO YOUR CONTRACT.

Dear Policyholder:

Having received your consent, your Contract has been novated from Connecticut General Life Insurance Company ("CGLIC") to CIGNA Health And Life Insurance Company ("CHLIC").

Effective as of [month day, 20xx], the obligations and liabilities under certain contracts of CGLIC (including your Contract noted above) have been novated by CHLIC. All of the terms, conditions and benefits of your Contract remain the same except that CHLIC has assumed all obligations and liabilities of CGLIC under your Contract as of [month day, 20xx]. CGLIC will no longer have any obligations to you under your Contract. Please direct all premium payments, notices, claims and inquiries concerning your Contract to CHLIC at the address above or telephone (xxx-xxx-xxxx).

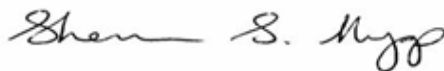
This Certificate of Assumption issued by CHLIC is effective as of [month day, 20xx] and is to be attached to and forms part of your Contract. The name "Connecticut General Life Insurance Company" in your Contract is changed to read "CIGNA Health And Life Insurance Company" as of the same date. We look forward to serving you.

IN WITNESS WHEREOF, CIGNA HEALTH AND LIFE INSURANCE COMPANY has caused this Certificate of Assumption to be executed this [xxth] day of [Month], 20[xx].

CIGNA HEALTH AND LIFE INSURANCE COMPANY



Matthew G. Manders, Senior Vice-
President



Shermona Mapp, Corporate Secretary

SERFF Tracking Number:	CCGH-127388857	State:	Connecticut
Filing Company:	Connecticut General Life Insurance Company	State Tracking Number:	201183796
Company Tracking Number:	HP-NONOV1		
TOI:	H01 Health - Assumption Agreement	Sub-TOI:	H01.000 Health - Assumption Agreement
Product Name:	CHLIC Transfer and Assumption		
Project Name/Number:	CGLIC-CHLIC Transfer and Assumption/HP-NONOV1		

Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Disclosure of Marketing Intent and Information - Life & Health Filings	Approved	08/31/2011
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Free Look Provisions - Life & Health Filings	Approved	08/31/2011
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Readability Certification - Life & Health Filings	Approved	08/31/2011
Bypass Reason:	Not applicable.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Requirements for all Life & Health Policy Forms, Applications, Riders, Amendments and Endorsements	Approved	08/31/2011
Bypass Reason:	Not applicable.		
Comments:			

<i>SERFF Tracking Number:</i>	<i>CCGH-127800515</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CIGNA Health and Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50222</i>
<i>Company Tracking Number:</i>	<i>20978177</i>		
<i>TOI:</i>	<i>H01 Health - Assumption Agreement</i>	<i>Sub-TOI:</i>	<i>H01.000 Health - Assumption Agreement</i>
<i>Product Name:</i>	<i>2011 Assumption Agreement</i>		
<i>Project Name/Number:</i>	<i>Notice of Assumption of Insurance Policy/</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/07/2011	Form	Notice of Assumption of Insurance Policy	11/18/2011	HP-NONOV1 AR - Notice of Assump.pdf (Superceded)
11/07/2011	Form	Certificate of Assumption	11/18/2011	HP-CONOV1 AR Cert of Assump.pdf (Superceded)

NOTICE OF ASSUMPTION OF INSURANCE POLICY

**IMPORTANT: THIS NOTICE AFFECTS YOUR RIGHTS UNDER YOUR
INSURANCE POLICY**

PLEASE READ IT CAREFULLY

NOTICE OF ASSUMPTION

Connecticut General Life Insurance Company (or "us") has entered into a Master Agreement for the Transfer and Assumption of Insurance Policies to facilitate the assumption of certain insurance policies by CIGNA Health and Life Insurance Company ("CHLIC"). Pursuant to that agreement, CHLIC has agreed to replace us as your insurer under policy number/s: [1234567] (the "Policy"), subject to your consent.

In addition, all ancillary agreements you may have with us or one of our affiliates, including any administrative or record keeping services agreement(s) and the other ancillary agreements listed on Appendix A (the "Ancillary Agreements"), will be transferred to and assumed by CHLIC unless you separately notify us that you wish to terminate the Ancillary Agreements. Certain financial information concerning both companies is attached, including: (1) financial strength ratings for the last five years; (2) balance sheets for the previous three years; and (3) an explanation of the reason for the transfer. You may obtain additional information concerning CHLIC by contacting the Connecticut Insurance Department at [XXX-XXX-XXXX]. CHLIC is licensed to issue contracts in all states, the District of Columbia, and the U.S. Virgin Islands.

YOUR RIGHTS CONCERNING THE ASSUMPTION BY CIGNA HEALTH AND LIFE INSURANCE COMPANY

Subject to your consent, CHLIC has agreed to assume all of our obligations under the Policy. You may choose to accept or reject CHLIC's assumption of the Policy. If you consent to the assumption of the Policy by CHLIC, you must notify us in writing by signing and returning the Response Card in the enclosed pre-addressed, postage paid envelope or by writing to us at:

Connecticut General Life Insurance Company
900 Cottage Grove Road, [Routing 1234]
Bloomfield, CT 06152[-XXXX]

If you reject the assumption, you may keep the policy with us. If we do not receive a written rejection from you within 30 days from the date of receipt of this Notice of Assumption, you will, as a matter of law, have consented to the assumption.

BENEFITS OF CONSENTING TO ASSUMPTION BY CIGNA HEALTH AND LIFE INSURANCE COMPANY

If you consent to the assumption by CHLIC, CHLIC will be your insurer and will be contractually obligated to you under the Policy. CHLIC's assumption of the Policy will be effective as of the first renewal date of the Policy following our receipt of your consent (the "Assumption Effective Date"). After the Assumption Effective Date, CHLIC will have direct responsibility to you for the payment of all benefits and other obligations under the Policy. We will no longer have any obligations under the Policy.

If you consent to the assumption of the Policy by CHLIC, you should make all payments and submissions to CHLIC at [address] and direct all questions to CHLIC at [address] or telephone number indicated below.

EFFECT OF REJECTING ASSUMPTION OF THE POLICY

If you choose to reject the assumption by CHLIC of our obligations under the Policy, we will continue to be your insurer. You will have no right or claim against CHLIC. We will remain the responsible party to the Policy and be solely responsible for the obligations under the Policy.

MORE INFORMATION

If you have any further questions about this Notice of Assumption, you may contact Connecticut General Life Insurance Company or CHLIC at the telephone numbers indicated below.

Sincerely,

Connecticut General Life Insurance Company
900 Cottage Grove Road
Bloomfield, CT 06152
Phone: [xxx-xxx-xxxx]

New Contact Information:

CIGNA Health and Life Insurance Company
900 Cottage Grove Road
Bloomfield, CT 06152

Phone: [xxx-xxx-xxxx]

Please take time now to read this Notice of Assumption and complete and return the Response Card to us no later than 30 days from the date of receipt. For your convenience, we have enclosed a pre-addressed, postage-paid envelope.

[Notice Date]

RESPONSE CARD

Re: Insurance Policy Number(s): [123456]

____ **Yes,** _____ ("Policyholder") hereby accepts the assumption by CIGNA Health and Life Insurance Company of the Policy (as referenced above), originally issued by Connecticut General Life Insurance Company ("CGLIC"), as of [date] ("the Assumption Effective Date"). By accepting the assumption of CIGNA Health and Life Insurance Company, Policyholder hereby irrevocably and unconditionally releases and forever discharges CGLIC, including any predecessor or any affiliated insurance company, its parent, subsidiaries and affiliates, and their respective predecessors, successors, assigns, officers, directors, agents, employees, shareholders, representatives and attorneys from any and all present and future actions, causes of action, suits, debts, liens, contracts, rights, agreements, obligations, promises, liabilities, claims, demands, setoffs, damages, controversies, losses, costs and expenses (including attorneys' fees and costs actually incurred) of any nature whatsoever, known or unknown, suspected or unsuspected, fixed or contingent, which the Policyholder now has, owns or holds or claims to have, own, or hold, or at any time heretofore had, owned, or held or claimed to have had, owned, or held, or may hereafter have, own, or hold or claim to have, own, or hold, arising out of conduct or matters occurring subsequent to the ASSUMPTION EFFECTIVE DATE, against CGLIC, arising from, based upon, or in any way related to the Policy, arising out of or relating to tort or contract or otherwise, including without limitation claims for indemnification and contribution.

____ **No,** _____ rejects the proposed assumption by CIGNA Health and Life Insurance Company of the Policy (as referenced above).

Date: _____ Signature: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Appendix A to Notice, Consent and Release

Ancillary Documents

Attachments to Notice, Consent and Release

1. Financial Strength Ratings for CGLIC
2. Balance Sheets for CGLIC
3. Financial Strength Ratings for CHLIC
4. Balance Sheets for CHLIC

**CIGNA HEALTH AND LIFE INSURANCE COMPANY
900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06152**

CERTIFICATE OF ASSUMPTION

**RE YOUR CONTRACT NO.: CONNECTICUT GENERAL LIFE INSURANCE
COMPANY CONTRACT NO. : All health insurance
policies, including any stop loss policies, associated with
account number [1234567] ("Contract")**

ATTACH THIS CERTIFICATE OF ASSUMPTION TO YOUR CONTRACT.

Dear Policyholder:

Having received your consent, your Contract has been novated from Connecticut General Life Insurance Company ("CGLIC") to CIGNA Health and Life Insurance Company ("CHLIC").

Effective as of [month day, 20xx], the obligations and liabilities under certain contracts of CGLIC (including your Contract noted above) have been novated by CHLIC. All of the terms, conditions and benefits of your Contract remain the same except that CHLIC has assumed all obligations and liabilities of CGLIC under your Contract as of [month day, 20xx]. CGLIC will no longer have any obligations to you under your Contract. Please direct all premium payments, notices, claims and inquiries concerning your Contract to CHLIC at [address] or telephone [xxx-xxx-xxxx].

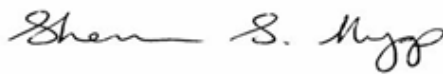
This Certificate of Assumption issued by CHLIC is effective as of [month day, 20xx] and is to be attached to and forms part of your Contract. The name "Connecticut General Life Insurance Company" in your Contract is changed to read "CIGNA Health and Life Insurance Company" as of the same date. We look forward to serving you.

**IN WITNESS WHEREOF, CIGNA HEALTH AND LIFE INSURANCE COMPANY has
caused this Certificate of Assumption to be executed this [xxth] day of [Month], 20[xx].**

CIGNA HEALTH AND LIFE INSURANCE COMPANY



Matthew G. Manders, Senior Vice-
President



Shermona Mapp, Corporate Secretary